

Statewide Portable Equipment Registration Program FORM 3-E - General Application for Portable Equipment Unit

1. Company Name:	
2. <u>New Registration</u> (Choose One) " Operational " Non-operational (with initial evaluation) " Non-operational (without initial evaluation)	3. <u>Modification to Statewide Registration</u> " Equivalent Replacement Statewide Registration Number: _____ For any other registration modifications complete Form 1-B.
4. <u>Equipment Listing</u> (provide an equipment listing to include the manufacturer, model and serial number, if applicable, of all major components. If inadequate space is provided, please attach listing):	
Equipment Description	Manufacturer, Model and/or Serial Number
5. Maximum Throughput Rating (if applicable):	
6. Indicate Use of Equipment (include all possible operating scenarios):	
7. Indicate Normal Operating Schedule:	
8. <u>Provide a Site Plan, Material Flow Chart, and Specifications or Engineering Data (if applicable).</u> Provide a typical site plan. Provide a material flow chart for a maximum throughput scenario. Include throughput quantities for all branches.	
9. Indicate Types of Materials Processed:	
10. Indicate Number and Type of Emission Points (include particulate matter emission factors if available):	
11. Indicate Type and Efficiency of Any Control Equipment Used. (Provide specifications or engineering data to demonstrate particulate matter control efficiency.)	
12. Home District Designation (optional):	
13. Additional Information (if applicable – attach another sheet if necessary):	

For concrete batch plant, confined or unconfined abrasive blasting, and sand & gravel screening use forms 3A, 3B, 3C or 3D

(Form 3-E)

1. *Registration to be Issued To (Company Name)* - Legal name of entity, business, organization, agency or private individual that operates equipment.
2. *New Registration:*
Operational - Check this box if you intend to operate engine when registered.
Non-operational with initial ARB evaluation- Check this box if you want to secure residential status of an engine that you do not intend to operate and you wish to have engine evaluated for compliance eligibility now.
Non-operational without initial ARB evaluation - Check this box if you want to secure residential status of an engine that you do not intend to operate and you do not wish to have engine evaluated for compliance eligibility now.
3. *Modification to Statewide Registration- Equivalent Replacement* - Check this box if an existing registered engine is being replaced by an equivalent engine. (The registration number of existing unit must be included.) If you want to modify an engine that has previously been registered and the modification is not an equivalent replacement, please use Form 7, *Modification to an Existing Registration*.
4. *Equipment Listing* - List information regarding major components of equipment. Attach extra pages if needed. For each piece, please provide all of the following:
Equipment Description - Describe the equipment, such as ☐crusher ☐ or ☐screen ☐
Manufacturer - for example: Simons, Rexnord, or your company name if built in house.
Model - may be a series of numbers or letters or combinations of numbers and letters, for example; 3612
Serial Number - A unique, unit specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.
5. *Maximum Throughput Rating* - Indicate the maximum rated throughput weight or quantity in pounds or tons per hour.
6. *Equipment Use Including all Operating Scenarios* - Explain how equipment is used, such as ☐crushing of rock in the manufacture of aggregate, ☐include multiple uses or operating scenarios.
7. *Normal Operating Schedule* - The typical operating schedule for the equipment in hours per day and days per week.
8. *Attached Equipment Listing, Site Plan, Material Flow Chart, etc.* - If applicable, include a diagram showing the flow and quantities of material and how all components fit together, with emission points delineated. Make sure that the material flow chart shows the tons per hour through each emission point.
9. *Types of Materials Processed* - List all types of rock, aggregate, or other materials processed.
10. *Number and Type of Emission Points* - Describe and list the emission points identified in the site plan or flow charts required in item 8 above. Specify the method and efficiency of particulate control for each transfer. Emission points include crushers, screens, conveyors, stock piles, truck loading, etc.
11. *Type and Efficiency of Any Control Equipment Used* - Provide emission controls that are used (for example: water sprays).
12. *Home District Designation (Optional)* - Indicate the one air pollution control and air quality management district in which this engine is most commonly operated. This district will be designated as your ☐home ☐ district. It is not required that a home district be designated.
13. *Additional Information* - Include any supplemental information, if appropriate.

